

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective September, 1, 1993 and Commission Rule 133.305, titled Medical Dispute Resolution, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service (DOS) 03/26/02 and 03/27/02?
- b. The request was received on 06/07/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. EOB(s)
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. The Commission requested two copies of additional documentation via a Fee Letter (MR116) that was mailed to the Requestor on 07/11/02. The Requestor did not respond as required by Rule 133.307 (g)(3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g)(4). The Respondent has not submitted any response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: letter dated 05/20/02
"In order to establish our fair and reasonable rate, we have documented the amount of time and effort put into this one procedure by or[sic] professionals and our technicians. The Fair and Reasonable rate has also determined by the reimbursement of the majority of the carriers. We believe that \$7.00 is a fair and reasonable rate based on the fact that 95% of our carriers reimburse it in full."
2. Respondent: none submitted

IV. FINDINGS

1. Based on Commission Rule 133.305 (d)(1&2), the only dates of service eligible for review are 03/26/02 and 03/27/02.
2. The provider billed \$7.00 on each date of service using CPT code 99070-PH, which has a MAR of DOP.

3. The carrier's EOBs have the denial "F – REIMBURSEMENT IS NOT ALLOWED WITHOUT THE REQUIRED DOCUMENTATION OF PROCEDURE AS DEFINED IN THE 04/01/96 TWCC MEDICAL FEE GUIDELINE, PAGE 1."

V. RATIONALE

When the MAR is DOP, documentation is required per the Medical Fee Guideline (MFG), General Instructions (GI)(III)(A)(1-6). Also, Commission Rule 133.307 (g)(3)(B) requires "a copy of any pertinent medical records or other documents relevant to the fee dispute." The Requestor has failed to submit any medical documentation for this fee dispute. Therefore, no additional reimbursement is recommended.

The above Findings and Decision are hereby issued this 7th day of November 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division